

☒ NO

Collaborator if any _____ Artist James Nugent
FIRST NAME LAST NAME

Address 200 Longfellow St. Elyria Lorain Tel. Em 6-1821
NO STREET CITY ZONE COUNTY

☐ YES ☒ NO

[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

James H. Ingent
SIGNATURE

REC'D MAR 7 1963
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